DOCTORS' DOINGS IN MANY LANDS

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Doctors' Doings in Many Lands.

CHAPTER I.—INTRODUCTORY.

IN a very out-of-the-way village in India some years ago lived a family of father, mother and several children, including a girl of twelve summers. On a certain day this little daughter found that one of her legs was beginning to swell, but being 'only a girl' little notice was taken of her. As her leg got worse and her cries disturbed the household, the native *hakim* or doctor was called in. On examining the limb, he explained that an 'evil spirit' had got inside it, and the only way to make the leg well again was to expel the evil spirit. For this purpose he went into the village and returned with three other men, all armed with long sticks and loose boards. The girl was placed in the middle of a room, and these four individuals arranged themselves round her and made an awful noise by beating on the planks, a performance which was kept up continuously for twelve hours! But the evil spirit did not leave the leg!

The *hakim* therefore tried another method of getting rid of it. A long rope was tied round the leg, and two men at each end had a sort of tug-of-war—but to no purpose. A third plan was adopted: several cuts were made in the girl's leg and into them was rubbed juice of the leaves of the plants from which cayenne pepper is produced (how it must have smarted!)—and still no cure was effected. The poor child's feelings all this time can perhaps be better imagined than described!

Being unsuccessful so far, the *hakim* intimated that there was only one other course of treatment, and if that was not successful, the gods had decreed that the maid would have a bad leg all her life, and that there was no power on earth that could do it good. He killed a sheep, stripped the skin off before it was quite dead, and bound some of the skin tightly round the girl's leg, leaving it in that condition for a week. On returning to his patient he reiterated his statement made seven days before, that if the leg was not now better, no power on earth could improve it. With much ceremony the sheep's skin was taken off, but alas! instead of being better the limb was far worse than when he began his attentions, and sorrow and sadness settled upon the home in consequence.

A few days later the girl's father was sitting with the greybeards of the village when a stranger joined the company. As the conversation proceeded, the father mentioned the case of his daughter, and having listened with interest to the details the stranger suggested that the girl should be sent to a mission-hospital between twenty and thirty miles away. He gave a most vivid account of what he himself had experienced there, of the kindness and love he had seen, and depicted in glowing oriental language the skill of the doctor. After a good deal of consideration the father decided to let the girl go, and the next time the carrier's cart was going from the village to the city, the child was given in charge of the carter with instructions to deliver her to the medical missionary at the mission-hospital. She was received with every token of kindness, put in one of the beds in the hospital — from which, at first, she was afraid of tumbling out !—and after being in the place for a time and having become accustomed to her surroundings, the doctor operated upon the leg. A piece of decayed bone was removed, and the girl was back in her own bed before she knew that anything had happened.

For six months the girl stayed in the hospital, making good progress physically, becoming quite bonny, and paying marked attention to the Gospel story which she heard day by day in the hospital wards, and which she saw practised in the lives of the medical missionaries and their Native Christian assistants. Returning to her home, she had much to say about the hospital, and did not omit to pass on what she had heard of the Saviour of the world Who had died for her as well as others. So consistently did she

THE GREYBEARDS OF THE VILLAGE.

bear witness in her life, and so bravely did she testify with her lips, that when the first missionary went to her village a couple of years later, four people asked him for baptism. Expressing surprise and intimating that he thought he was the first missionary to visit that district, his inquiries brought to light the fact that the four persons were the father, mother, brother and uncle of this girl, and that through her they had been led from Heathenism to the Saviour.*

CHAPTER II.—THE NEED

HEALING, it has been well said, was the keynote of the Saviour's earthly ministry. The Great Physician found it wise to combine works of healing with the proclamation of the kingdom of God, in this, as in all else, 'leaving us an example, that we should follow His steps.'

When sending forth the first messengers of the Gospel, the Master gave the dual *command*, 'Heal the sick . . . and say unto them, the kingdom of God is come nigh unto you' (St. Matt. x. and St. Luke x.). If we ask how the primitive Church interpreted this example of Christ and obeyed His command, we have but to look into the first missionary report—the Book of the Acts of the Apostles.

For what reason was the miraculous gift of healing given to the Apostles? Surely not for mere display in order to stagger the world. Surely it was not merely to make the Church the repository of learning and science; but it was for the same purpose as that for which the gift of languages was bestowed, viz., to assist the first missionaries of the Cross in the propagation of the Gospel. This being the case, then, surely the plan of action will be to make use, as far as is possible, of the methods employed by Christ and the first emissaries of the Gospel, in seeking to make known the salvation of God to all the ends of the earth.

Turning from the Bible and looking at the world as it is to-day we shall quickly realize the need of using 'healing' as well as 'preaching' in making disciples of all nations. Could we but detach ourselves from our surroundings and get away from the noise and bustle of English life, and stand, say, on some rocky islet in the Pacific Ocean and listen to the sounds which are wafted across the sea, we should soon be conscious of a vast moan, an unending wail, 'a cry, as of

* In order that there may be no possible misapprehension, it may be as well to say that treatment such as is recorded in this chapter can only happen in villages quite off the beaten track. Such doings are being suppressed as far as possible by the Indian Government—but there is only too good reason for thinking they are still carried on in places.

pain,' going up from suffering humanity two-thirds of the world over. Why is this weeping, and whence comes this groaning? Listen!

A cry reaches us from China. A poor man has fallen from a tree and broken his arm. A crowd gathers round, but none venture to help him. Some are even joking at his expense. A Christian medical missionary, summoned to see a dying woman, passes at 10 a.m. and tells the bystanders to carry the unfortunate man to the mission-hospital not five hundred yards away. When he returns at three in the afternoon the poor fellow is still in the same spot, groaning in the agony of his sufferings, none having moved a hand to help him.

From Africa comes the moan of a poor woman, sick and probably dying, and, therefore, dragged out into the woods, and left to the mercy of the hyænas.

Again a cry, this time from India, from the home of a high-caste Hindu. A mother and a little child less than a week old are lying unconscious. The woman has survived the unspeakable barbarities of native nursing, and now she and her child are perishing for want of food and from neglect. For the first three days she has been deprived of food and drink, and on the fourth allowed one grain of rice. She has been placed in the darkest and dirtiest room of the house, with filthy rags on a mud floor for her bed. A cow's skull painted red—an image of the goddess who presides over the destiny of women and children—is put in a conspicuous position. This and a pot of smouldering charcoal, the only furniture, are placed there to expel the evil spirits hovering round. For three weeks neither husband, father, mother nor sister come near her. On the fifth day the filthy clothing is removed and the room is cleaned, as on the next day the goddess has to be worshipped, and a spirit will write on the child's forehead the main events of his life. The day has arrived, the goddess has been worshipped. The woman has been given a cold bath; all necessary arrangements for the spirit's visit have been made; food—consisting of a coarse flour and brown sugar in equal parts, wet and kneaded together, to be eaten raw—has been prepared for the famished mother, but both mother and child are unconscious, and the Christian medical missionary is called to bring them back to life.

Have these people no doctors to help them? There are those to whom they look for assistance in times of illness or accident, but it was a true remark made by some pain-worn Persian women: 'We have no *hakim* in the likeness of Jesus.' The *hakim*, the witch-doctor, the medicine man, may sometimes have a little acquaintance with the properties of herbs, but of all things appertaining to surgery they are profoundly

ignorant. Let us look at some of the methods of treatment and see whether we should like similar practices performed on us.

A man in Persia has fallen from a height and dislocated some bones in the ankle. To force the bones back into position two stakes are put in the ground, the man's foot is bound to them, and a wedge is driven between the stakes until the cords break. The result, as may be imagined, is simply disastrous. The foot is completely disorganized, and, after five years of suffering, the man travels a hundred miles to the mission-hospital in Julfa, where the foot has to be amputated.

A woman in Arabia has holes burnt in various parts of her body so that the evil spirits which are said to cause the disease from which she suffers may find their way out.

In Corea a patient is suffering from debility, and a certain cure is prescribed, viz., a jelly made from the bones of a recently killed man. For catarrhs, chips from coffins which have been let down into the grave are boiled, and are said to possess great virtue.

A medical missionary in an Indian city meeting a native doctor learns that the latter is on his way to a patient, and is shown a pill as large as a good-sized marble, with the remark, 'This man has got one of twenty-four diseases—I don't know which, but in this pill I have put twenty-four medicines, one for each disease. I shall give him this and you will see he will be cured!' How would *you*, my reader, like to be treated in that way?

A Persian *hakim* has always one last resource to save his reputation. The patient is recommended to try a forty days' course of a decoction made from a certain root. The victim must take it forty days consecutively, three times a day, about half-a-pint at a time, after food, and never once lose his or her temper, or it will be of no avail. On the fortieth day the patient returns probably worse than before, and at once the *hakim* says, 'But have you lost your temper?' Of course, he or she has, and then it is not the *hakim's* fault but the patient's!

A Chinaman suffering from dyspepsia was ordered to take stone ground up in a paste with water. During two years he had altogether consumed half a millstone, about sixty pounds in weight! Finding himself no better, he was ordered cinnamon bark, and had ingested forty pounds of it! It is a great tribute to the man's constitution to say that ten days' treatment in a mission-hospital resulted in his complete recovery.

In the Chino-Japanese War, a general whose arm was shattered by a ball, thinking the daily dressing in Western style was too slow a method, called in a fortune-teller. Prayers were written in Chinese characters upon red paper, this was then burnt and the

ashes administered as medicine. During four days the wound was left unattended, and the general died from blood-poisoning.

A medical missionary in Palestine was called in to see the son of a local governor. He found the native practitioner writing the word 'Allah' (the Arabic word for God) round a plate with blue ink. This was then washed off and the boy was given the liquid to drink. He had drunk the name of God so many times that it was said he was sure to recover.

In an Indian village a lad had broken his leg. He was taken to two wrestlers, who bound it as tightly as they possibly could. When subsequently brought to the Amritsar Medical Mission the limb was mortified, and the boy died soon after admission.

We see, then, that the ignorance of these so-called native doctors is simply appalling, and the little evidence adduced here will be sufficient to enable us to endorse the words of the Psalmist: 'The dark places of the earth are full of the habitations of cruelty' (Ps. lxxiv. 20).

If this is the *physical* state of so many of the inhabitants of the earth, what can be said of their *spiritual* condition? The words of St. Paul in Ephesians ii. 12, will perhaps best describe that: 'Having no hope, and without God in the world.' The cries we have listened to in this chapter could not better be interpreted than by the words of the prophet Isaiah (lix. 9), 'We wait for light . . . but we walk in darkness.' How much longer are they to wait?

CHAPTER III.—WHAT THE DOCTORS DO.

THE Church Missionary Society has established medical missions in various parts of the world. Some readers will at once ask, 'What is a medical mission?' and the reply that a medical mission is a missionary station where a medical missionary is to be found, will only produce the further question, 'What is a medical missionary?' A medical missionary is a fully qualified medical man or woman who has gone to heathen or Mohammedan lands to preach the Gospel, using his or her medical knowledge and surgical skill as a means to that end.

Some of the medical missionaries have the highest degrees in Medicine and Surgery it is possible to obtain. Every medical man of the C.M.S. is sent to be a *missionary*, to proclaim by lip and life the Gospel of Christ, not merely alleviate human suffering. He or she is responsible for the evangelistic work carried on in hospital and dispensary. Associated with the medical missionaries, as far as is possible, are missionary nurses, ladies trained in re-

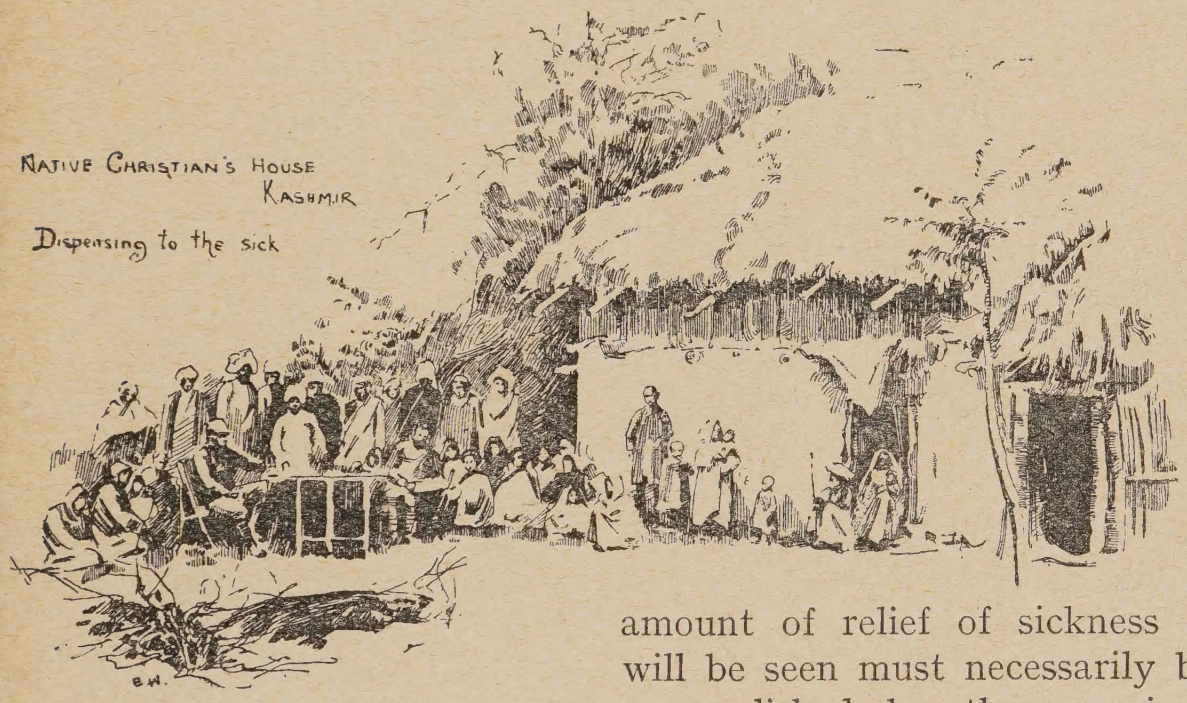
cognized hospitals who have gone out as missionaries, using their nursing skill to gain a more ready access to the hearts of people for the Gospel message.

What are the methods of working? As soon as the missionary has become conversant with the language, a dispensary is opened. At first few patients come, perhaps, but as the work becomes known—and the cases treated are the best advertisement!—the numbers increase until in some medical missions from four to five hundred patients attend on a dispensary day. A short, simple Gospel service is held with the out-patients. A passage of Scripture is read and explained and prayer offered, and while the people are waiting their turn to see the doctor, Native Christian workers or other missionaries utilize the opportunity then presented for explaining and pressing home the Message. How easily the medical missionary can illustrate his address! For sickness of the body the patients have come to an earthly physician; for sickness of the soul, they must go to the Great Physician. By means of these services practically everybody who comes to the mission dispensary hears something of the Gospel story. In the medical missions of the C.M.S. over a million out-patient attendances are recorded each year, so a dispensary may truly be the means of preaching as well as healing.

Sooner or later a hospital has to be built, in order that in-patients may be received, and it is here that the best missionary work, as well as the most satisfactory medical, is done. We all know that in time of sickness the deepest impression of spiritual things is frequently made, and the same holds good with Heathen and Mohammedan. Removed from the bigotry of co-religionists, and surrounded with an atmosphere of Christian kindliness, the heart responds more readily to the teaching given in the ward services and in bedside talks by doctor, nurse, evangelist or native assistant. Remembering that the stay of in-patients generally averages from a fortnight to three weeks, and that in some cases it is as long as six months or even longer, the moral effect produced must be very real; and even in cases where there is no outward result in the way of acknowledging Christ as Saviour, yet the conception of Christianity and of what a Christian is, have undergone radical change while the individual has been in the hospital.

Perhaps the most powerful factor of all is the demonstration of Christian love which the hospital makes possible. A Chinaman may not understand much of the teaching, but love manifested in a variety of ways he *can* take in, and he is not slow to compare it with the treatment meted out to the sick by his

fellow-countrymen. The Mohammedan may be taught by his priest that Christians are 'infidels' and 'dogs,' and at the best are but very bad men; nevertheless, many a Moslem patient, after a stay in a mission-hospital, might be heard, in his village home miles away, to say words very similar to those spoken by the blind man regarding our Lord Jesus Christ, 'Whether He be a sinner or no, I know not: one thing I know, that, whereas I was blind, now I see.' 'Christian love in practice' is the motto and the ideal of every mission-hospital.



In addition to the out-patient and in-patient work of which we have already spoken, an effort is made in a good many Missions to train Native Christians to become medical missionaries, and very valuable service is being rendered by these men. Some of them are placed in charge of branch dispensaries, others act as house surgeons at the main hospitals, and they make possible an amount of work which without their help could not be attempted.

When able to do so, the medical missionary spends some time in travelling through his district, seeing the sick and holding services in the various villages he passes through. An immense amount of relief of sickness it will be seen must necessarily be accomplished by these various means, and an appeal for support for medical missions might be made on the ground of pure philanthropy. But ours is a higher platform. Medical missions are a missionary agency of the first order, and are evangelizing large areas.

Have we ever thought of the problem which must present itself to the minds of the more educated, among both Mohammedan and Heathen, in seeing that cases declared to be incurable by

the native doctors are cured by the medical missionary? To many such this thought probably presents itself: 'If the medical missionary knows so much more about my body than I do, and he can cure when our doctors cannot, is it not possible that he may know more about higher matters, and be right when he speaks of Jesus Christ as the Saviour of the world?'

Professional efficiency with economy is the ideal in C.M.S. medical missions, and in order to further this, the General Committee called into existence the Medical Committee, more than half of the members of which are medical men. This Committee controls all the Society's medical mission work and administers the Medical Mission Auxiliary Fund, to which the cost of the medical mission work is charged.

CHAPTER IV.—IN CENTRAL AFRICA.

WE have seen the doings of the doctors in general outline, but now let us look at them in detail. Come in thought first to Africa, and while remembering the existence of several other C.M.S. medical missions in that continent, let us transport ourselves at once to that wonderful country of Uganda, on the northern shore of the Victoria Nyanza.

The capital, usually spoken of as Mengo, is built on several hills, and Namirembe, 'the hill of peace,' is devoted to the C.M.S. work. On its side stands a fine brick hospital, covered in the form of a double cross, with a corrugated iron roof, and equipped with modern conveniences far above the expectation of the Central African traveller, and, to quote the words of Mr. Winston Churchill, 'a model of what a tropical hospital for natives ought to be.' Above the main entrance of the hospital is a terra-cotta scroll, made by a friend in England, bearing the words, 'Tefe Etusa Mugenyi.' What is the meaning of this? Adapting an old proverb of the country, some of the patients gave one of the medical missionaries the nickname of 'tefe' (pronounced tay-fway), 'the home where people do not die.' The doctor promptly transferred the name to the Hospital, and expressed a wish that it might be placed over the porch—a desire which a friend very kindly made possible. We may well pray that the hospital may be a home where people are saved not merely from physical distress and death, but from him who is able to destroy the soul.

Near by is the Isolation hospital and also the 'Wellcome' dispensary. The latter was most generously given to the Mission by

Mr. Henry S. Wellcome at a cost of not less than £500. Here the Gospel services for out-patients are held, cases are medically treated, prescriptions are made up and dispensed, and dressings are done. About forty-nine thousand separate persons, aggregating one hundred and forty thousand attendances, passed through this dispensary during the first three years of its existence. Among the numbers waiting for treatment at the dispensary one day was a woman who had been taken as a slave to Busoga, nearly three hundred miles from her home in Toro. She

A VIEW OF MENGO.

was eventually redeemed. As she was suffering from sore eyes, while passing through Mengo on her way home, she applied at the dispensary for treatment. The relief gained and the kindness received made such an impression that, on her return to Toro she sought out the missionaries, there placed herself under instruction, and was baptized. As she was a lady of considerable rank she was able to exert great influence for good.

Another instance. Damali first heard the Gospel at one of the branch dispensaries and responded to its call. Later on she desired to become a teacher. While studying with that object, she heard how people, knowing nothing of the Christian's hope, were dying of the fell disease of sleeping-sickness on one of the islands of the Victoria Nyanza, and she set off to teach them, well aware of the risk she ran, and literally hazarding her life for the sake of the Gospel. Only a few months was she permitted to work before she contracted the disease. She was brought to the Mengo hospital, where, after bright, clear, and convincing testimony to the grace of God, she passed to be 'for ever with the Lord.'

The death-bed scene of Daudi Zimwanguyiza, one of the hospital 'boys' or assistants, revealed another bright trophy. Having spoken of the Rock he was resting on, he expressed a wish to go to Jesus Christ. Turning to his native friends in the room, he said how he had wanted to do the Lord's work on earth, but, as that could not be, he asked that a nephew might be trained to take his place. Holding the hand of his betrothed, he bade her 'walk for ever in the path of righteousness'; and to a hospital 'boy,' his personal friend, he said, 'Good-bye, my friend, walk in the way of righteousness to our Lord. Christ conquered death and Satan, and I have conquered them. I know that I have great joy—nobody has such joy as mine.' To a missionary he said, 'Good-bye, I am just going to meet my Lord; I am trusting Jesus Christ my Saviour,' and then at sundown he quietly fell asleep.

CHAPTER V.—IN EGYPT.

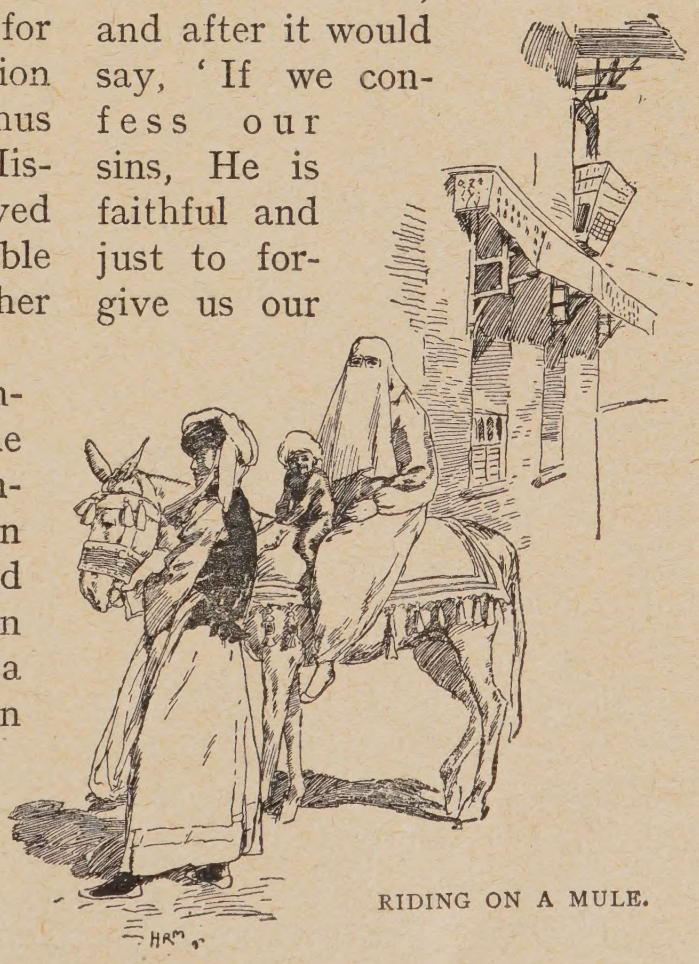
FLOATING down the ancient river Nile from Uganda, if we float long enough, we reach Cairo, the 'great Al-Cairo' as Milton calls it, and in the native quarter, Old Cairo, we find a whole compound of medical mission premises. The hospital for men, the Ethel Pain Memorial Hospital for women and children, casual wards for anæmia patients, and a dispensary proclaim to the visitor the thoroughness and the usefulness of the medical work

here. In striking contrast to the dilapidated, crumbling houses of Old Cairo stands this well-planned hospital-compound of about an acre in extent and enclosed by a high white wall. May the condition of the surroundings be but a token of the crumbling of Mohammedanism before the Cross of Christ, and of the better edifice being erected on the ruins!

The Old Cairo Medical Mission increases yearly its renown for surgery. From far and near, from city and desert, come patients needing operative treatment, and practically all the most serious operations known to surgery, as well as the constantly recurring minor ones, are performed in the well-equipped operation rooms. As many of the patients pay something for medical treatment the Mission is almost self-supporting; thus the funds of the Medical Mission Auxiliary are relieved and are rendered available for developments in other directions.

The dispensary was the centenary gift of friends of the C.M.S. in the Paddington Deanery, while the Ethel Pain Memorial Hospital was erected at a cost of £3,500 by Australian subscribers in memory of a servant of God who laid down her life in Old Cairo. Both gifts have been accepted by God, if we may judge of His acceptance by the results given to the work in both buildings. One story in illustration of this.

An old Soudanese woman of some little property, but suffering from a terrible disease, was admitted to the women's hospital. She said that she had a dream in which numbers of people urged her to go to the Christian hospital. So very vivid was the dream that the next day she set out. During four months in the hospital she had five operations, and during that time she literally drank in the message of God's love in Christ. Ere long her black face began to beam with happiness; she had found all she wanted, her thirst was satisfied, her dream had come true. She used to repeat with devoted eagerness the Apostles' Creed in Arabic, and after it would say, 'If we confess our sins, He is faithful and just to forgive us our



RIDING ON A MULE.

sins, and to cleanse us from all unrighteousness.'

The evangelistic work at Old Cairo calls for profound thankfulness. The medical mission draws patients from no fewer than five hundred villages annually, and with its adjunct, the Nile Itinerating Medical Mission, is doing much, very much, to evangelize the whole of the Nile Delta.

There is one disease, Egyptian anæmia, very prevalent among the field workers, chiefly brought about, it is thought, from eating food with fingers covered with earth. A speciality has been made of treating this at the hospital, and it brings a large number of patients every year. There is accommodation for two hundred and fifty at a time, and they usually stay a month, during which period the cure ought to be effected. A month's teaching, of course, accompanies the month's treatment by 'thymol,' and on returning to their homes in many out-of-the-way villages, these 'thymols' as they are called in hospital parlance, are doing much, not only in making the medical mission known, but in repeating what they have heard while under its care.

Far away in the Delta an elderly woman was found by a missionary, who, in her own village, was telling the story of the Crucifixion. She had been an anæmia patient, and in one month had learned the message. All the details were not quite right, it is true, but the essentials were. 'They nailed Him to a door,' she was saying earnestly, 'and He died to forgive my sins.' How many patients may be doing the same kind of thing of whom the missionaries have never heard!

A lad of sixteen, working as a farm labourer at a village forty miles north of Cairo, was sent to the hospital suffering from ulcerated legs. On hearing for the first time of salvation through Christ, he determined not to listen; but at length felt impelled to do so, and soon became interested. After a month's stay in the hospital he returned to his home very grateful for the successful treatment, and a professed disciple of Jesus Christ. His change of faith was quickly discovered by his sisters, who informed some Moslems, and the lad was twice waylaid and severely beaten. After much persecution and rough handling he found his way back to the Old Cairo Medical Mission, where he hung about the gate begging to be given any kind of work. A vacancy occurred, and he was taken on at a very small wage. Unlike most Egyptians, to him the question of pay seemed to be of least importance; what he desired was full opportunity to learn more of the Truth. For three years he was tested, and his sadness of heart at the

delay of his baptism was quite pathetic. The public profession of his faith in baptism came a little later. His influence among the patients was excellent and most helpful to the work.

CHAPTER VI.—IN THE HOLY LAND.

'THOSE holy fields' where trod the Son of God have four stations where doctors and nurses of the Church Missionary Society are seeking to follow closely in the methods He Himself used in proclaiming the kingdom of God. Those stations are Gaza, Nablous, Salt and Jaffa.

The Crescent — the emblem of Mohammedanism—holds sway over the Holy Land, and work among Mohammedans is proverbially difficult. Some people, for that reason, have urged that missionaries should be withdrawn from Moslem fields and concentrated in heathen countries. The Church's commission, however, to 'preach the Gospel to *every* creature' does not say 'except Mohammedans,' and it is among these very people that through medical missionary agency the Gospel has won some of its most notable triumphs.

Let some account of the Gaza Medical Mission suffice to illustrate the power of the doctors' doings in the Holy Land. General Gordon, when in Syria before going forth on his ill-fated expedition to the Soudan, expressed the opinion that the 'very great want' of Gaza was a mission-hospital. By the establishment of such an institution he believed that much would be done to soften the prejudice of the community and to show the people that they were really cared for. The story of the medical work subsequently carried on in that place shows how rightly the General gauged the influence of a mission-hospital.

Gaza is accounted one of the oldest cities of the world. It forms a main halting-place for all caravans between Syria and Egypt, and though its commercial prosperity shows signs of languishing, nothing can take from it its unique position as the gate of Syria from the south, and of Egypt from the north. The work here, therefore, influences an immense district, and comes into contact with several races.

Under Turkish rule open-air preaching has been strictly forbidden, Bible colporteurs have sometimes been arrested and imprisoned, indoor meetings have frequently been interrupted, and even in private rooms religious gatherings have been held with difficulty. The doors of churches have been guarded by the police in order to report

any Mohammedans who resorted to Christian places of worship. It is too soon to say definitely what effect the new régime in Turkey may have in such matters, but under the foregoing conditions, how was the Gospel to be preached ?

The earliest C.M.S. missionary at Gaza was vividly impressed with the tremendous amount of physical suffering and preventable disease. Although not a doctor, he started a dispensary, and proved that by such means the hearts of Moslems could be reached.

The first medical missionary, a few years later, found unlimited scope for his services, and came often into contact with people who had suffered many things at the hands of the 'quacks.' The doctor was warned that the greatest enemy of the Mission was the Governor of the town. This man was laid low by a very loathsome disease. He visited all the native *hakims*, but found their charms of no use. Finally, after a good many qualms of conscience, he sent to the medical missionary. The doctor did not shirk putting before him the object of the Mission, and by God's blessing upon the means used the man recovered and a change was wrought in his heart. Although he did not throw off Mohammedanism, he became a Bible student, and would spend three or four hours at a time in conversation with the doctor on Christian subjects. And more than that — when it was proposed to erect a large preaching-hall, this man proved himself a friend, and so facilitated the operations needful to obtain permission from the Turkish Government that a building was put up in four months which, without his aid, might have required four years to erect.

The medical mission — 'The Light of Gaza,' as the people call it—has gone steadily forward year by year, and the old premises have been superseded by a very fine hospital built at an expenditure of over £5,000, a gift of £100 being received from the Mohammedans of Gaza towards the cost ! It continues, by God's blessing, to fulfil unmolested its Christ-like work.

Perhaps in work among Mohammedans, even more than elsewhere, the power of prayer has been, and is, especially realized ; though the members of 'The Order of the Red Cross' —a union for prayer and work in connexion with the Medical Mission Auxiliary — and others who have prayed regularly for the work in such centres as Gaza, will never have any conception of the many answers to prayer which have been vouchsafed.

Away in foreign lands they wondered how
Their simple word had power;
At home the Christians, two or three, had met
To pray an hour.

Of secret believers it is safe to say there are large numbers.

A woman of Gaza was recently talking to one of the nurses when the noise of a passing funeral was heard. 'Probably he died a Christian,' said the woman. 'Why do you suppose so?' asked the nurse. 'Many, many die Christians that you don't know of; they believe, but cannot confess it until they die,' came the answer. She went on to tell of a woman who nine years before had been taught while in the hospital, and who, though no missionary ever visited her, was living as a Christian, and telling all around her that she believed in Christ.

A few years since, the Sheikh of a mosque in Gaza died as a Christian though he had not been baptized. Just before his death he said that he had been led to be interested in Christianity by the first medical missionary, about fifteen years previously.

Of those who have boldly confessed Christ in baptism, and have bravely withstood temptation and persecution but little is known by the friends of Missions. Why? The pages of *Mercy and Truth*—the monthly magazine which deals with the Medical Mission work of the C.M.S.—chronicles details of many converts brought in through the 'doctors' doings in many lands'; but of those in countries under Turkish rule it has to be silent, or the lives of the individuals would immediately be in danger,—so closely are missionary periodicals scrutinized by Turkish officials.

A PALESTINE LAD.

CHAPTER VII.—IN THE LAND OF THE LION AND THE SUN.

'THE Land of the Lion and the Sun' is the name by which Persia has been called, and the latter half of its title is well deserved, for usually most brilliant sunshine prevails in that country. The symbol of the Lion and the Sun dates back to the time of the Zoroastrians — the fire-worshippers. As the Sun was their emblem, it became also the national badge; and the Lion was added because Ali, the grandson of Mohammed, was termed 'the Lion of God.' Some years later a woman's face was inserted in the Sun by a Persian king as a tribute to his favourite wife. The sunshine is perhaps one of the greatest attractions of the country, and during the rare occurrence of rainfall, the people seem paralyzed for the time being. An eclipse of the sun is looked upon almost as a national calamity, the natives fearing they are going to lose their benefactor.

In spite of so much external sunshine there is very little of it in the lives of the people, and the 'doctors' doings' have perhaps been the chief instrument of bringing the sunshine of God's love to bear with success upon the sunless hearts and down-trodden lives of the inhabitants of Persia. In a land where superstition is rampant, where charms against the 'evil eye' (a spirit supposed to be ever on the watch to inflict evil) are believed in by all classes, and where the credulity of the people is so easily imposed upon by the native *hakims*, medical missions have found a fitting sphere, and are able to record much success of the highest kind.

Ispahan, the capital of Persia since the time of Queen Elizabeth, was closed to all Christian missionaries until a few years ago, but in 1898, after careful, patient working in Julfa, an Armenian suburb, an entrance was won by the medical mission, and now hospitals for men and women are established within the city itself. Mohammedan hostility, which has broken out on several occasions since the Mission was established, seems to have been removed. Instead of stones, smiles are now experienced in the streets, and officials and common people alike look upon the medical missionaries as friends.

'Christ kept the rich man waiting while He healed the poor woman who could not possibly pay him!' Such was the astonished comment of a Persian woman on hearing a lady missionary read St. Mark v., containing the account of Jairus's request for his daughter, and of the woman who touched Christ's garment; and it revealed the inherent idea that nothing can be done from a motive of love. Having no hospitals or

free dispensaries, no lunatic asylums, no homes for the blind or crippled, Persia is a field where mercy and love, as the fruit of Christianity, can be constantly exhibited. And yet how readily the people—and especially the women—respond to the exhibition of those graces, is experienced in the mission-hospitals. The first five in-patients treated by the first lady doctor sent by the C.M.S. to Persia have all been baptized, and although there has not been a great ingathering of souls, yet a continuous stream of men and women, influenced through the medical work, has been found ready to risk all for Christ's sake, and to witness boldly for Him, while some have rejoiced at being counted worthy to suffer shame for His name.

One woman, of whom we may speak as B., has had to suffer much since she was baptized. She was led to Christ through the instrumentality of one we may call A., the first woman convert through the Julfa and Ispahan medical work. As soon as the public confession of B. was heard of by one of her brothers, he sent for her, and asked if it were true that she was a Christian. When she bravely acknowledged that she was, he beat her cruelly. Half dead with pain and fright she made her way to A.'s house, who received her with true sisterly sympathy, and comforted her by reminding her of what the Lord Jesus had borne for her. Suddenly the door was burst open, and all the women of the neighbourhood rushed in, instigated by B.'s own sister, who had turned her out of the house shortly before her baptism. These women threw themselves upon B.—beating, biting and scratching her. They tore her clothes to ribbons, and said that to kill her would be a work of merit. They turned on A., too, and gave her a share of the abuse and the blows. At last they cleared out, and, later on, A. made her way to the doctor to report what had happened. Seeing how upset the missionary was, B. said, 'Promise me you won't grieve about us to-night? When you think of us two helpless women, just remember we are not alone, Jesus is with us all the time.' Twice since then B.'s brother has tried to get her into trouble; once he took her before the prince, and once before the most dreaded mullah in the town; but each time she was marvellously de-

A MOHAMMEDAN OF PERSIA.

livered. A. has been a perfect tower of strength to her friend, and has led her to have something of her own firm faith in the power of prayer.

One feature of the work in Ispahan has been the visits paid by the medical missionaries to the Bakhtiaris. This robber tribe has proved most friendly, and though very few travellers have got through their region safely or with their goods intact, the doctors have been welcomed with open arms, and the confidence of the tribe has been won. More than one request has been made for a medical missionary to settle among them. The Church of Christ at home has not yet made that possible.

At Yezd the etymological connexion between the words hotel and hospital has been revived. Soon after the medical missionary took up his residence in that city a Parsi gentleman presented a *caravansérai* to be used as a hospital. Here all the medical work found a home for some years, and it is now used for the women's hospital. When the time for extension came, the doctor was one day walking across a certain piece of ground, inwardly coveting it, be it confessed, as a site for a new hospital, when he was accosted by the owners, who inquired as to what he was doing on their land. He partially expressed his thoughts in reply, whereupon the two men—sons of the Parsi merchant mentioned above—at once intimated that they had been reserving that land until such time as he should need it for that very purpose. Such gifts from father and sons are eloquent testimonies to the place the work has secured in the affection of the people. When the new hospital for men was built, the Parsis in Yezd contributed over £200 towards the cost, and remembering that the average labourer's wage is only fourpence per day, the proportionate value of the gift will be seen.

Perhaps a political incident will vividly show the influence the medical mission has obtained. There was a riot in the city of Yezd. Murder had been committed and an order had been sent to arrest the murderer and take him to Teheran to be executed. The Governor had tried to secure the man, and not being successful had made himself so unpopular with the mob that the leaders gave him twenty-four hours' notice to leave the city. Within that time he had flown, and no forces had been left in the town. Without a Governor, without troops and without policemen, the whole city was in the hands of the mob. The leader sent to the medical missionary to know if he could see him in the afternoon; the reply was sent back, 'Come by all means.' At the time appointed the leader, with his chief lieutenant, each carrying a rifle and having their belts stuffed with revolvers and daggers, put

in an appearance. When in the doctor's room they said, 'We want you to go and tell your Consul and all the rest of the Europeans in the city that we have nothing to do with you. We will not molest you, or your hospital, or your bank, or your European merchants, or your ladies or any of you. We have come here that you may know that we intend to keep perfect order until such time as Teheran sends another Governor to take responsibility here.' Those men kept their word faithfully. They had seen the work of the Mission and were accordingly friendly.

Kerman is a fortnight's journey from Yezd, with no mission-station between, and legend says it bears that name because a certain princess, walking over the site of the future city, plucked an apple from a tree and found a worm at its core. As she threw it away in disgust she declared that the place should be called Kerm-an—a worm. The worm of Mohammedanism is found at the core of Kerman to-day, but medical mission work is there winning the hearts of many of the people. Kerman is the youngest of the three medical missions of the C.M.S. in Persia, and yet it is old enough for the influence of the work to be seen. *The Lancet*, some little time since, extracted from the annual report of H.M. Consul at Kerman and printed in its own pages a testimony of the good work done by the hospital. Fanaticism is being overcome, difficulties are melting away, and when there was a possibility that the hospital would be closed, several petitions were sent by the inhabitants asking for such instructions to be withdrawn.

CHAPTER VIII.—IN INDIA.

THE people of the British Empire have a more than ordinary responsibility to their fellow-subjects in King Edward's great Indian dependency, and the Church of Christ is seeking, in not a few instances, to discharge that duty through medical mission work.

With India is associated the beginnings of C.M.S. medical missionary labour. Attempts were made by clerical missionaries to preach the Gospel in the native state of Kashmir, but with little success. An appeal was sent to the Home Committee in 1864 for the appointment of a medical missionary, and a Minute was passed that the Committee would make the case an exception to their general practice and agree to the proposition of the Punjab Mission Committee. The subsequent story of the Kashmir Medical Mission is a splendid testimony to the power of this agency in opening doors otherwise closed to the Gospel.

In May, 1865, a medical missionary arrived in Srinagar, the capital of Kashmir. During that month part of his bungalow was fitted up and opened as a dispensary and hospital. The work at once aroused the opposition of the officials. Strenuous endeavours were made to prevent the people coming to the medical missionary, soldiers often being placed at the avenues leading to his house with authority to report all such offenders. Among other means adopted was the ingenious one of compelling the officiating priests at marriages to read a proclamation that a visit of either man or woman to the doctor sahib would form sufficient ground for a divorce! In spite of all opposition the Mission was established, the Gospel as well as bodily healing being given to the patients. In accordance with the terms of a treaty between the Maharajah and the Indian Government, the former insisted on the withdrawal of all Europeans from the valley during the winter season, and the medical missionary was obliged to leave his work for several months during the first few years, in spite of appeals from the natives that he should be allowed to stay. But the work prospered, and, like a grain of mustard seed, has grown to be a great tree to-day.

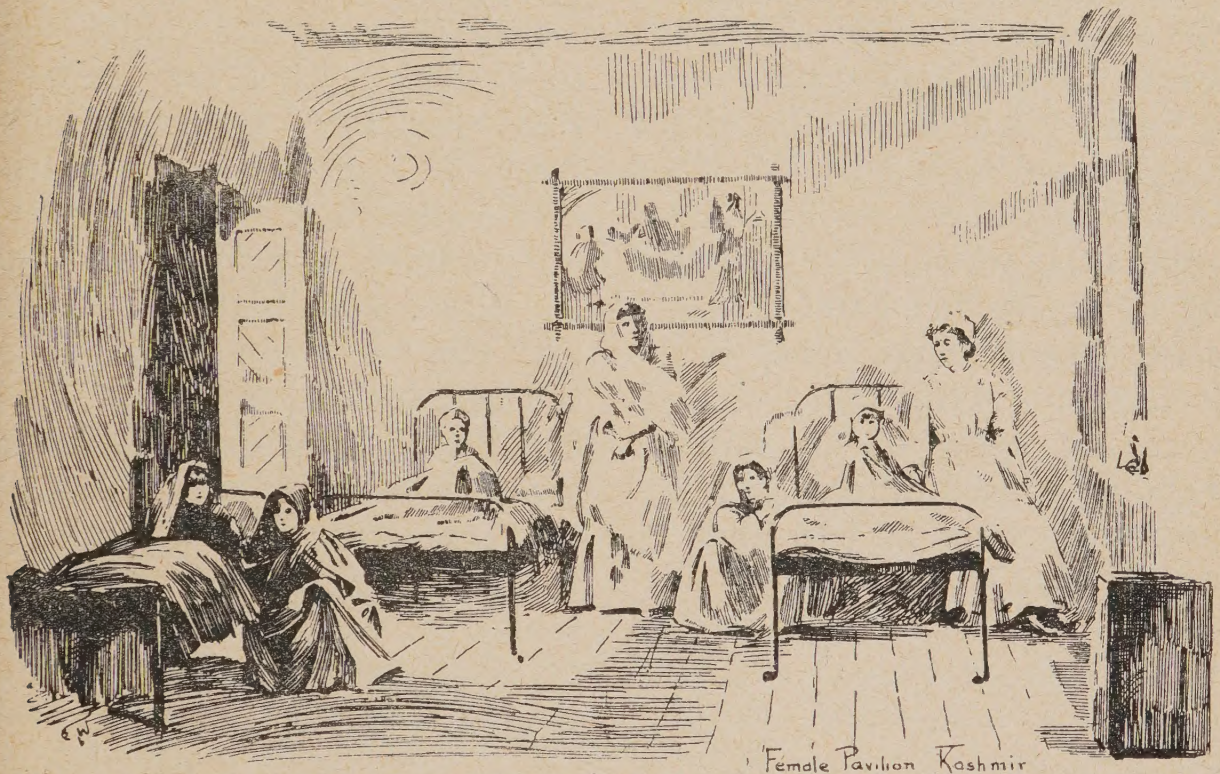
The hostility experienced in the early history of the Mission has, thank God, long since ceased. The present medical missionaries are welcomed by all classes throughout the length and breadth of Kashmir. Let two illustrations suffice to show this. In 1891 His Highness the Maharajah, a Hindu, asked the medical missionaries to accept the responsibility of building the State Leper Asylum, and of carrying on the work quite unfettered by any conditions, he being responsible for the entire cost. Such an opportunity for work, needless to say, was readily taken advantage of. A year or two later, the Maharajah opened in person the new female wards in the hospital which bear his name, the 'Pertab Singh Wards.'

To the Kashmiri Mohammedans, as to most Orientals, it seems natural that healing should thus be intimately associated with religion, and there appears a true willingness to listen to and receive much of the doctrine, although the additions to the Church by baptism have been but few. It is still a time of preparation. The Evangel is quietly laying hold of the hearts and consciences of hundreds throughout the land, and when we look back and see what clouds have rolled away, and what streaks of dawn now appear, we may thank God and take courage. The ingathering will come—when the Church of Christ is prepared to rise to her privileges and responsibilities.

Most of the C.M.S. medical mission stations are placed along the North-West Frontier at strategic points for influencing,

not only some of the finest tribes in British India, but others also in the regions beyond the frontier, into which missionaries are prohibited from going by the Indian Government.

Standing like a sentinel at the gate of the Khyber Pass is the Peshawar mission-hospital, situated two hundred yards outside one of the chief gates of the city, and facing a road along which many trans-frontier travellers naturally pass in journeying from Afghanistan to India. The site is about six acres in extent, secured through the kindness and influence of the military authorities on a permanent lease from Government at a nominal rent. It is capped by an ancient monument visible from all the neighbourhood round, and the name of which is well known so that a former patient will tell a friend to go to the hospital at 'Said Khan's Tower.' One feature of the work here may well be noticed. Besides the usual wards, dispensary, operation-room, etc., there is a courtyard surrounded by twenty small rooms, each capable of holding one or two families. The caravans coming down from Central Asia with merchandise for disposal in India supply the hospital with a large number of patients. As, usually, whole families travel in this way, if one member comes to the hospital for treatment the whole number must be accommodated. These rooms, erected on the Eastern *caravansérai* system, supply this need, and one result is that a good many more come under the sound of the Gospel message than are included in the medical statistics.



Female Pavilion Kashmir Mission Hospital

The number of patients treated here belonging to places beyond

the Indian Frontier bears a striking percentage to the whole. On one occasion a census of the in-patients was taken, and it was discovered that of the fifty-five persons then in the hospital, forty-three came from trans-frontier districts still closed to the missionary! After the Tirah campaign many Afridis came into the Peshawar mission-hospital to be healed of bullet wounds received from British-Indian guns; the same was true of the Zakha Khels a few years later.

Could we make a tour of the hospital we should be interested to find that it possesses an X-ray apparatus, which was presented by Bishop Welldon, and we might also notice that not a few of the instruments in the operating-room bear the name of an eminent London surgeon, whose stock was presented to the Society when he retired from practice.

One of the wards is called 'The Boys' Brigade Ward,' and contains four cots, three of which are supported by companies of the Boys' Brigade, and the other by a company of the Church Lads' Brigade. If we were being shown round the hospital by the medical missionary — who was once a Lieutenant in the Boys' Brigade — he would tell us of the keen interest the Boys' Brigade takes in medical mission work. Over fifty cots in C.M.S. hospitals in different parts of the world are supported by it, and the Boys' Brigade Branch at Salisbury Square gathers a considerable amount of money each year, issues its own illustrated report, possesses lantern slides of B.B. Cots, has lists of former officers and former boys of the Brigade who have gone out as missionaries of the C.M.S.; and altogether, the Brigade renders a valuable amount of help to the cause of medical missions.

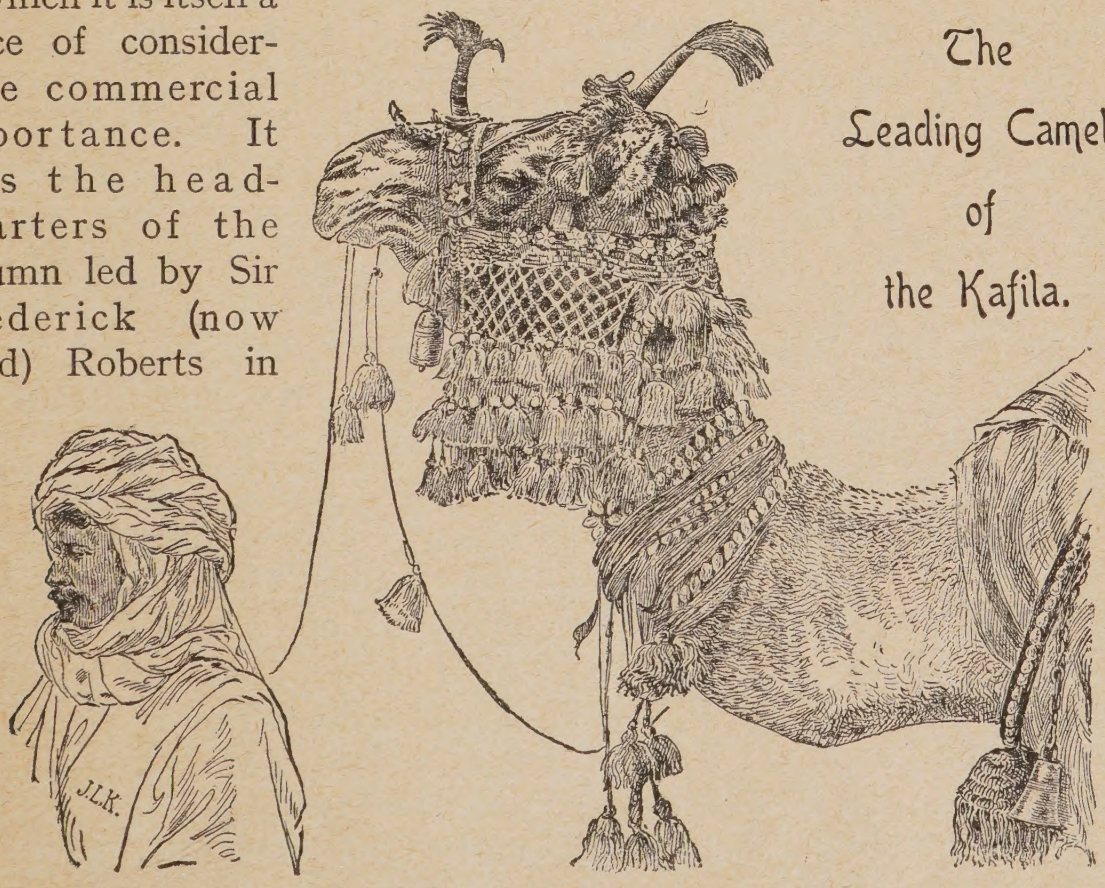
Several most interesting cases of boys who have occupied these Boys' Brigade Cots might be told. One was a lad suffering from 'hare lip.' He was brought from a long distance to the mission-hospital. Eight days after admission he was ready to go home, and both the father and the boy were delighted at the transformation the operation had made. When the latter was given a mirror to look in, his look of satisfaction was a study to witness! The father told how that from earliest childhood the little chap was made fun of and taunted by the other boys of his village because of his unfortunately deformed face. We may be sure the love shown and the teaching given will not be wholly forgotten.

The work at another border town, Bannu, influences largely the wild Waziri tribe, and is considered a valuable asset in the pacification of the district. More than one political officer has borne willing testimony to this aspect of the work, and one of the medical missionaries here (as also one of those at Srinagar and another at

Peshawar) has received a medal of the Kaisar-i-Hind order, given for public service in India.

Ten or a dozen different tribes are sometimes represented in the Bannu dispensary, and the immense distances travelled by the patients show the extensive area over which the mission-hospital is exercising its magnetic influence. Affiliated with the Bannu hospital are several dispensaries in important centres, and the most recently established of these is the one at Thal, on the high road between Cabul and Ghaznee on the one hand, and Kohat and Bannu on the other. Caravans constantly pass between Afghanistan and India, and the route connecting the Tochi Valley and the Kurram and that which leads to the Afghan province of Khost converge at Thal, in addition to which it is itself a place of considerable commercial importance. It was the headquarters of the column led by Sir Frederick (now Lord) Roberts in the Afghan campaign of 1879–80. Lord Roberts very kindly gave permission for the mission-building to be called 'The Lord Roberts Hospital,' and contributed a substantial cheque towards the cost of erection.

A most interesting feature of the Bannu medical work has been the accessions to the Christian Church from among the Mohammedans. A Bannuchi lad was baptized and remained firm, and a young mullah studying for the Mohammedan priesthood confessed Christ in baptism, and witnessed for Him in his own district of Peshawar as well as in Bannu. His religious instructor tried to regain him for the Mohammedan faith, but the pupil was blessed to bring his master over to Christianity. It has been well



The Leading Camel of the Kafila.

said that a great upheaval is going on among Mohammedans over the district, and that not a few 'Nicodemuses' are to be found among them.

The Amritsar Medical Mission is situated in Central Punjab, and influences a large district as well as the city itself. Amritsar, with the famous Golden Temple, is the holy city of the Sikhs, but the medical missionaries have contact with all classes and religions, and the Mission with its ramifications is taking its part in evangelizing an area with a population of three million souls. Many triumphs of the Gospel have been won here, and scarcely a year has passed since the medical mission was founded without some persons having been baptized as a result of the medical work. A number of branch dispensaries affiliated to the Amritsar hospital considerably augment the power of the work. Of two or three let us speak.

Jandiala, a Hindu city ten miles north of Amritsar, was one of the most difficult of fields, and a place of which it used to be said, 'The whole of the Punjab may become Christian, but Jandiala never will.' The medical work has altered that, and many have been baptized.

Sultanwind, four miles from Amritsar, was notorious for being one of the most wicked villages in the whole district. The doctor secured a foothold in the place, and subsequently acquired a house for dispensary purposes. The owner of the property thought better of it, and brought an action for ejectment on the ground that the sale was illegal. But, in point of fact, there had been no sale, only a lease for 999 years, and it was duly provided that at the end of that time the same missionary might renew his tenancy! So the magistrate had to leave him in possession. Many splendid results have been vouchsafed since that memorable episode.

Beas is neither a town nor a village but a railway station, and the centre of a densely populated district. Through the liberality of the late Mrs. Bishop, the celebrated traveller, an old hotel adjacent to the station was purchased and called the 'Henrietta Bird Memorial Hospital,' in memory of a sister of Mrs. Bishop. Much fruit has been gathered here. A 'holy man' has been baptized with his wife and family, five souls in all. He was found by the medical missionary outside his village, sitting in ashes as 'holy men' sometimes do, and greatly respected. He had dived into pantheistic philosophy and believed himself to be God. He was almost naked and had not washed for ten years—a proof of his extreme sanctity! After some talks he became a disciple, the darkness of Pantheism melted away, and in due time he saw himself as a sinner, and accepted as his Lord and

God Him Who came to save the lost.

The influence exerted by the Amritsar Medical Mission is indeed widespread, and it has received a good many encomiums from Hindus, Mohammedans and Sikhs, as well as Christians. On bidding farewell to one of the medical missionaries when going to England on furlough, Hindu poets recited verses in his honour: one of them described men's aching teeth as dropping to the ground if he looked at them; another enumerated among his remedies Truth Pills, Humility Mixture, Godliness Powder, Sympathetic Liniment and Plaster of Love.

The same missionary had an interesting conversation with a friendly Hindu, who on being pressed for a reply to the question, 'Which of all our methods do you fear the most?' answered, 'We do not greatly fear your schools, we need not send our children. We do not fear your books, for we need not read them. We do not much fear your preaching, for we need not listen. But we do dread your *women* and we dread your *doctors*, for your doctors are winning our hearts and your women are winning our homes, and when our hearts and our homes are won, what is there left to us?'

CHAPTER IX.—IN THE CELESTIAL EMPIRE.

THE utility of the doctors' doings in China has been amply demonstrated, and many testimonies might be recorded here, but a few hurried peeps at three or four typical stations must suffice.

The hospital at Hang-chow, in the Cheh-Kiang province, and all the work of which it is the centre, owe their origin to the conscientious scruples of a Bombay Civil Servant. Feeling that at least some portion of his official salary had been derived from the Opium Traffic with China, he determined to devote his official savings to relieve the victims of the opium vice, and deposited £3,000 with the C.M.S. for that purpose. It was some while before the money could be utilized, but in 1871 a medical missionary was sent to Hang-chow to start an opium refuge. Hearing of the presence of an European doctor, patients other than opium cases soon came, and when the present senior medical missionary assumed charge, a general medical mission quickly developed. Almost each year has seen new buildings erected, and the mere enumeration of the agencies at work constitutes quite a formidable list: Men's Hospital, Women's Hospital, Opium

Refuge, Emergency Hospital, Hospital for contagious diseases and other cases, Leper Hospital, Home for the untainted Children of Lepers, Convalescent Home for Foreigners, Convalescent Home for Natives, Fresh Air Home, Training College, Settlement Dispensary and Preaching Hall.

The influence exerted by the hospital and its auxiliary institutions in breaking down prejudice on all sides and among all classes of the Chinese can hardly be exaggerated. It has been attested by many independent witnesses. Mrs. Isabella Bishop stated that American missionaries had told her that in the villages which they passed through, within a radius of a hundred miles of Hang-chow, they hardly ever came upon a person interested in Christianity who had not become so, directly or indirectly, through the C.M.S. hospital at Hang-chow.

The best testimony of all to the value of the medical mission work is not, however, the commendation of travellers, or the removing of racial barriers, or the relief of much sickness or suffering, useful as all these are ; but the fact that of many it can be recorded in the words of the Psalmist, ' This and that man (or woman) was born in her '—born for the heavenly Zion, the new Jerusalem, the city of the great King.

In the same province is Ningpo, a city of the size of Dublin, with a C.M.S. medical mission extending back to 1886. A few months after the Hao-meng-fong hospital (the house where ' benevolence is distilled,' to translate the Chinese inscription over the entrance) had been opened, an opium smoker came a hundred and forty miles to be cured of the habit. Sitting in the waiting-room he heard a Chinese Christian tell the ' Old, Old Story ' of the Cross of Christ. The man had had before some notion of sin, but no idea of an atonement. God's Holy Spirit carried the Word home to his heart, and he stood up in the midst of the heathen crowd and cried out, ' Why, that is exactly what I want ! ' He went into the hospital, put himself under spiritual instruction as well as medical treatment, and after a short time asked for baptism. Before he could be baptized the thought came into his mind, ' I cannot be baptized alone ; I have got my old father living in the country far away.' He sent, and had the old man brought to the hospital. God opened his heart also, and, after a while, the two men were baptized. They returned to their home at T'ai-chow and began to teach their friends and neighbours, an evangelist being subsequently sent from Ningpo to help them. Two years later the first missionary visited that city, and the result of the work of that convert, assisted by the native preacher, was the baptism of thirty-seven persons on the first Sunday after

MEDICAL MISSION GROUP AT PAKHOI.

the missionary's arrival. Now there is a strong Church in T'ai-chow with a congregation of over twelve hundred baptized persons; that Church, be it remembered, having been born in the waiting-room of the Ningpo hospital.

In the middle of the last century the Buddhist priests in Hing-hwa, in the Fuh-Kien province of China, sunk a well, and then professed that a drink of water from it would cure all manner of diseases. Thousands crowded to the spot, paid their money, and went home, each carrying a little brown earthenware bottle holding the precious liquid. But, apparently, no specially marvellous cures were effected, and gradually belief in the efficacy of this water faded. People found out they had been deceived, the crowds thinned, and then disappeared, and the well was closed. Fifty years later fresh priests took up the old quarters with the same tale. In the very same week the Hing-hwa Medical Mission was opened, and has proved a place from which the Living Water has been received by many Chinese.

In referring to the record of the hospital at Hing-hwa, bright as it is with medical and spiritual successes, we would draw special attention to the amount of work which has been done in the way of training Chinese Christians to become medical missionaries. It is a trite saying that if Africa is to be won for Christ it will be by Africans, and the same may be said of China and the Chinese. Recognizing this, most of the C.M.S. medical missionaries in China have endeavoured to raise up a native medical mission agency, and perhaps none have done more in this direction than the present senior medical missionary at Hing-hwa. Christian students are carefully selected and are taught to treat disease on a scientific basis,

and pass through a regular curriculum extending over at least five years. Many have subsequently proved of the utmost utility in assisting in the main hospitals, in taking charge of branch dispensaries, and in some cases have been instrumental in opening up to the Gospel cities to which it was not safe for Europeans to go. These men with special temptations and responsibilities need our prayers. China has been described as one vast hospital with all the ills that flesh is heir to, and if ever the Church of Christ is to overtake the work which should be done it will only be by an extensive development of this native agency.

At Pakhoi on the Tonquin Gulf in South China the C.M.S. has a large medical and leper mission, and the various branches of work have been so extended that if the buildings were erected on both sides of a road they would make a street exceeding three hundred yards in length! With the various demands, God has supplied in a wonderful way the means for the erection of the premises and the maintenance of the patients.

From 350 to 400 villages and towns in the provinces of Kwang-Tung and Kwang-Si are represented in the hospital every year, and, travelling many miles as the patients not infrequently do, an extensive area is being evangelized mainly by the people themselves, for the patients become an advertising medium for the hospital and all it stands for.

Imagine a blind man travelling in charge of a friend a hundred miles on foot to Pakhoi. As he trudges along the road day by day he is plied with questions as to where he is going and why. In the village inns in which he puts up at night more inquiries are made. At length he reaches the Mission, and attends the service in the hospital chapel, and listens to the simple story of the Cross. His turn to see the doctor comes at last, and after examination and listening to the man's oft-repeated story of eight years' blindness, the doctor says sight can be restored, but he must remain as an in-patient for a month or two, for he is suffering from cataract of both eyes. To this proposition the man willingly assents, and after a few days, during which time he has become accustomed to the ways of the place, the right eye is operated on, and a week later, with the utmost delight, he can read a few Chinese characters. At the end of a month the left eye undergoes a similar operation, and after two months in the hospital the patient leaves with good sight. Thank God, in many cases, the two months' teaching results in spiritual eyesight as well as restored physical organs. He returns home by the same road; stays probably at the

same inns; meets many of the same people, and tells to hundreds the story of how he received his sight. Neither does he forget to tell of the Good News he has heard at the hospital. Thus we see what even one man can accomplish in spreading the Gospel. Multiply this by tens and hundreds and some conception will be obtained of the evangelizing influence of the Pakhoi Medical Mission.

Little provision is made for lepers by the Chinese. The sufferer is driven from home and friends and left entirely without means to obtain a living. To assist these poor unfortunate creatures a leper hospital has been associated with the general medical work at Pakhoi, with accommodation for one hundred men and sixty women. While no permanent cure is yet known for leprosy, a good deal can be done to alleviate the suffering, and, owing to the regular diet and medical treatment received, many of the inmates improve very much. Thirty-two tons of rice are used every year at Pakhoi for their food, and over 18,000 dressings are applied annually. It would seem as though the lepers, realizing that there is no hope of permanent cure in this life, set out to make quite sure of that which is to come, for usually more than half of those in the Pakhoi Asylum are Christians. 'Some of the brightest Christians I have met with in any part of the world,' was the description given of them by the founder of the work.

CHAPTER X.—HOW WE MAY SHARE.

THAT 'doctors' doings in many lands' is a department of missionary enterprise, which is owned and blessed of God, is evident from the foregoing testimonies.

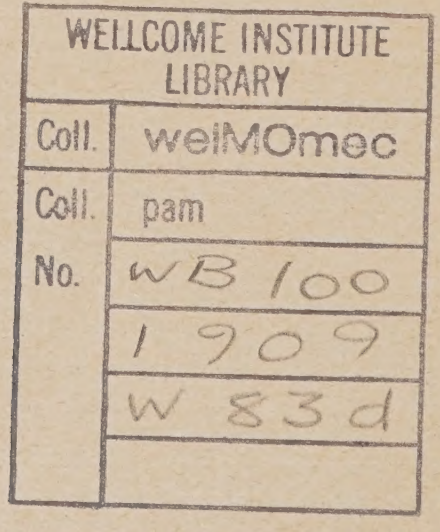
One practical question remains to be asked. What part or lot has each reader in this matter? The commission given to the Church to make disciples of all nations is binding on each of its members, and a Christian is not fully honouring the Saviour unless taking a share in obeying that parting command. The last instruction before the Crucifixion, 'This do in remembrance of Me,' is carried out by many who have never faced obedience to the final command before the Ascension, 'Go ye into all the world and preach the Gospel to every creature.'

Service is the one attitude for the servant; and a willingness to serve wheresoever and howsoever the Master may appoint, is *the* spirit for heart and mind. What greater joy or privilege is there than to serve our Captain in the front rank in combat with Heathenism and Mohammedanism? Doctors and nurses are

urgently wanted in many places. Splendid spheres for the exercise of the highest professional gifts and an opportunity of consecrating them directly to the Master's use are waiting to be occupied. It may be that some readers could qualify themselves for this special department of work by undergoing the requisite training.

Service in the homeland is equally valuable if the Master so ordains. A vast army is necessary to adequately support the fighting line, and the doings of the doctors at the front must be backed by doings at the base. This service at home may mean supporting a worker abroad, or maintaining a bed in a mission-hospital at a cost of £10 per annum. It may mean the use of fingers and needles in making some of the things required for use in the hospitals, and which are sent out through the C.M.S. Wants' Department (a booklet, *Some of our Wants*, gives full particulars), or articles in connexion with the Sale of Work Department, the proceeds of which support a medical missionary. It may mean the keeping of a medical collecting 'bottle,' and the gathering of gifts that God's work be not hindered through lack of funds. It must mean prayer for doctors, nurses, evangelists, native assistants and all brought into contact with the medical missions; and the special Medical Mission Auxiliary Cycle of Prayer will be fonud helpful in this matter. It may mean, it *will* mean, that in order to pray intelligently there will be regular reading of the monthly penny illustrated magazine *Mercy and Truth.*

Look at the present unique opportunities the world over, which should be taken advantage of at once. Then, look again at Gethsemane and Calvary, and remember what Christ suffered for the sins of the whole world, and again ask, 'As touching the evangelization of the World—Lord, what wilt Thou have *me* to do?'



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Colonial and Continental Church Society

9 SERJEANTS' INN, FLEET STREET, LONDON, E.C.

PATRON . . . . HIS MAJESTY THE KING.

THE Object of the Society is to carry the ministrations of the Gospel of Christ to our fellow-countrymen in the Colonies and on the Continent.

Our Colonists.—In the newer parts of our Colonies there are vast areas over which the means of grace scarcely exist. Solitary clergymen struggle to minister to districts as large as English counties, and journey thousands of miles every year to reach their people. Many places are worse off than this, where the dead are buried without a clergyman, and even without a service; where children grow up without the knowledge of God; and where young men fall away from the religion of the old home in England. In many parts our **white brethren** are **becoming pagan** instead of Christian. The Society strives to supply this need.

North-West Canada, into which British emigrants are pouring by tens of thousands, has been the Society's principal field. Mr., now Archdeacon, Lloyd was sent out in 1903, and since then 6 clergy and 44 lay agents have been sent out to Saskatchewan alone; but the calls for help to the vast plain, now so rapidly being populated, are far beyond the means at the Society's command. £75 a year will keep a lay-reader in the field. £30 a year for four years will train a student for the ministry.

Other fields.—The Society's agents labour not only in Canada, but in Newfoundland, British Columbia, Australia, South and East Africa, India, the West Indies, and New Zealand. In all it aids **nearly fifty Colonial dioceses.**

The Society aids in this way 175 clergy, 76 Lay Evangelists and schoolmasters, 20 Divinity Students, and 52 female teachers in the Colonies.

The Society also assists to evangelise the natives within the Empire, such as Red Indians, Eskimo, negroes, Australian aborigines; but its chief work is amongst **our own people.**

On the Continent of Europe it has 33 permanent Chaplaincies, where work is done amongst British sailors, or British artisans, or scholars and students, or other residents. Letters constantly reach the Society from anxious parents asking that a helping hand may be stretched out to their sons and daughters who have settled on the Continent.

In addition to these, the Society organises temporary Chaplaincies in about a hundred places on the Continent, to meet the needs of British Tourists and Invalids. The offertories at these Chaplaincies as a rule **more than pay for their maintenance.**

The Society claims to represent faithfully the Church of England in her true Evangelical character, and will not knowingly employ agents who teach otherwise.

The 'GREATER BRITAIN MESSENGER,' the Society's Magazine, is issued Monthly, price 1d., or 1s. 6d. per annum, post free.

Secretary—The Rev. J. D. MULLINS, M.A.

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